India and State/Union territory*/District	1991	2001
Lakshadweep*	941	974
Kerala	958	963
Tamil Nadu	948	939
Pondicherry*	963	958
Andaman & Nicobar	973	965

*Source: Census of India Provisional Population Totals Paper 1 of 2001.

Recruitment rules for CGHS staff

801. SHRI R.N. ARYA: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of staff/employees working at present in CGHS Delhi/outside Delhi, category-wise; and

(b) the details of recruitment rules and other service conditions under which they are working/appointed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The information is being collected and would be laid on the Table of the House.

Utilisation of services of private sector towards health care

802. SHRI NARENDRA MOHAN: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are proposing to utilize the services of private sector by allowing them to play in important role towards health care of the Nation;

(b) if so, whether the paying capacity of the beneficiaries belonging to comparatively weaker/deprived sections of the society has been taken into consideration to ensure maximum cost-effective treatment for them;

(c) the experience of Government in the past with the promises made by such private sector hospitals; and

(d) whether these promises were fulfilled to the extent promised?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) National Health Policy is under revision. All important issues including the role of private sector will be appropriately addressed in the New National Health Policy. Government is however, committed to the overall objective of providing health care services for all including the vulnerable section with a focus on providing comprehensive primary health care.

(c) and (d) The new National Health Policy envisages enactment of a comprehensive legislative to regualate the private sector in terms of quality standards, conduct of clinical practice and delivery of medical services.

News-item "Diabetes could cause blindness"

803. PROF. M. SANKARALINGAM. Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to newsitem captioned, "Diabetes could cause blindness" which appeared in the Indian Express, dated 23rd November, 2000;

(b) if so, the steps taken by Government in this direction;

(c) whether it is a fact that retinal diseases may lead to blindness; and

(d) if so, the steps taken by Government to detect the cases of retinopathy in the initial stages itself?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) A short-term training programme has been initiated for eye surgeons to train them in diagnosis and management of retinal diseases including diabetic retinopathy.

(c) Yes, Sir.

(d) To detect and treat retinopathy of pre-maturity in the new born, 10 workshops were organized where paediatricians and eye surgeons were trained in early diagnosis and treatment of the cases. To detect retinopathy in the aged, screening of patients